CALIFORNIA'S HEALTH

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A DECADE OF PROGRESS

This account of California's progress in public health during the past decade appears as the introduction to the State Department of Public Health's annual report for the fiscal year 1950-1951. The report is just off the press. To fit the space requirements of *California's Health*, the introduction will run in two issues, the second part to appear in the issue of February 29th.

The past decade of public health history in California has been a time of exceptionally rapid advance over the whole front of public health endeavor. This quickened development has visible causes. Among them were new legislation, an administrative reorganization of the State Department of Public Health, the formation of the California Conference of Local Health Officers, and, of course, the general advance of medical science which has catalyzed all public health programs.

Support for change has come from the practicing physicians of the State, and from California's many voluntary agencies and professional organizations concerned with public health and welfare. A strong and progressive State Board of Public Health has implemented new laws with practical regulations, and has continuously revised older regulations to keep them interpretive of newer medical and public health knowledge. Expert, specialized guidance for state-level programming has come from widely representative committees which give advice and consultation on virtually all State Health Department activities.

Department Administration

At the start of 1943, midway in the war, California's public health problems were growing in proportion to its swarming new civilian and military population. Such an influx even in peacetime would have made it difficult to hold on to existing gains in public health, let alone make further progress. But because of the war, the State Department of Public Health, all local health departments, hospitals and the medical profession were losing personnel at the very time their services were in greatest civil demand. California also, it must be recalled, was a production center, an armed forces training area, a point of embarcation for the Pacific war fronts, and a receiving zone for military personnel returning fresh from exposure to virulent tropical diseases.

This State's health agencies, like its farms and industries, had to convert for all-out war production. There was an unprecedented emergency to meet, and those who looked ahead realized that postwar California would continue to face the challenge of its immigrant millions, its proliferating communities and its rising rates of marriage and birth.

A thoroughgoing reorganization and a sizeable expansion of the State's health services were obviously needed. This transformation began with legislation, adopted by the Fifty-fifth Regular Session of the State Legislature in 1943, which clarified responsibilities of the State Department and State Board of Public Health and placed the department's direction in the hands of a qualified medical doctor with specialized training and experience in public health. The department, instead of the board, became the State's highest administrative authority in public health, while the board retained its judicial, regulatory and licensing powers in addition to its principal function of formulating general policies and advising the Director of Public Health.

It was also by legislative action in 1943 that a Graduate School of Public Health came into being at the University of California in Berkeley. At the time no such school existed west of Minnesota. The school and

the department have worked closely together ever since. The preparation of trained professional personnel at Berkeley has immeasurably contributed to all public health programs in California.

Continuing through 1944 and 1945 the State Health Department was administratively streamlined in the light of studies made by the American Public Health Association and the State Department of Finance. Five divisions were established, and the operating programs of bureaus and services were grouped thereunder with clear-cut channels of administration and efficient delegation of authority. These divisions were Administration, Environmental Sanitation, Laboratories, Local Health Services, and Preventive Medical Services. To them a Division of Dental Health was added in 1949. On July 1, 1951, civil defense needs brought a new Division of Medical and Health Services to the department.

New bureaus, bureaus with clarified or revised functions, and new services were added or reconstituted within the department during the years of general reorganization. Most recent additions to the departmental structure are Nutrition Service and Medical Social Service units established in the Division of Preventive Medical Services as of January 1, 1951.

Reorganization and revised programming brought about much greater efficiency and effectiveness of departmental administration. This was urgent both for wartime conversion and for peacetime reconversion to follow. However, direct public health service to the people of California is given almost exclusively by local health departments. If needs of the people were to be met adequately, it was clear that the number of organized local departments and the scope of local public health services had to be augmented.

Local Health Services

In 1947 one of the most important events in the entire history of public health in California took place when the State Legislature adopted the Public Health Assistance Act.

Under this law, $10,286,709 has been appropriated from 1947 to date for grants to local government for the expansion and improvement of local health services in California. This assistance has raised standards for all such services and for the personnel who administer them, and has increased the number of organized departments in the State. The program is administered by the State Health Department, with chief responsibility assigned to the Division of Local Health Service. Years of sustained effort by that division to bring about more comprehensive local health coverage in California rapidly attained goal after goal once money became available to those communities willing and able to take advantage of the new opportunities offered.

In 1940 only 26 counties and nine cities of the State had full-time local health departments. In 1950-51, organized departments in 41 counties and 13 cities were providing at least the "six basic services" considered essential to good public health, and their protective shield covered 97 percent of the citizens of California.

Effectiveness of health service rises in ratio to the efficiency of those who give the service. To meet the needs of local health departments for increased numbers of highly skilled professional workers, the recruitment and training program of the department was expanded and reorganized. Nearly 1,000 doctors, nurses, dentists, health educators, sanitarians and other professional personnel have been given scholarships for advanced specialized studies in public health and related fields. Standards for public health personnel have been raised during the past decade by legislation and by regulations of the State Board of Public Health recommended by this department and the California Conference of Local Health Officers.

The Conference of Local Health Officers was brought into being by the Public Health Assistance Act of 1947. This organization, composed of all local health officers in the State, was specifically empowered to set up standards for personnel and service which must be met by local health departments in order to qualify for state funds. The conference advises the State Health Department, and its counsel is specifically sought with respect to any major program or policy of the department which may affect local health jurisdictions. It is the common knowledge and pride of all local health officers and state staff in California that the purely legal relationship inaugurated by the legislation of 1947 has since been supplemented by a unique pattern of state-local cooperation. This relationship provides means for continuous participation by local health officers in the determination of state policies and programs, for mutual study of state and local health needs, and for joint action to solve common problems.

Maternal and Child Health

In the past decade California's program for maternal and child health has successfully sought to strengthen services to mothers and children offered by local health departments, practicing physicians, dentists, hospitals, schools, welfare departments and voluntary agencies. In consultation with these individuals and organizations, the Bureau of Maternal and Child Health helps establish and develop prenatal centers and child health services to meet local needs.

Since the success of basic maternal and child health activities is measured in part by declines in infant and maternal mortality rates, California trends of the past decade are most encouraging. In 1940 infant mortality was about 40 per thousand live births. In 1950 the rate

was about 25 deaths per thousand live births. It can be estimated that about 3,500 California babies born in 1950 are now alive who would not have survived if the 1940 rate had persisted unchanged.

During the same decade California's maternal mortality rate has been reduced by three-fourths. At a provisional 0.6 per thousand live births during 1950, this rate was the lowest in state history.

Program emphasis is placed today on efforts to reduce the number of premature births, which contribute to two-thirds of the deaths of infants under one month old. Since 1947 the department has been able to subsidize expenses of special training in problems of prematurity for more than 50 physicians, nurses and other professional workers.

Diarrhea of the newborn is also under attack, and the number of outbreaks in the State have been greatly decreased in the past few years by the cooperative efforts of physicians, nurses, hospitals and health departments.

California has developed a constantly-improving school health program by inter-agency collaboration through the Joint School Health Committee, established in 1945 and composed of staff from the State Departments of Public Health and Education.

Important gains in the control of serious communicable diseases of children have been scored in the past decade.

In 1940 the diphtheria case rate was 13.0 per 100,000 population; in 1950 it had dropped to 2.6.

The 1940 case rate for whooping cough was 230.7. The 1950 rate was 62.5.

The dramatic decreases in diphtheria and whooping cough rates are due largely to immunization programs which have been constantly spurred by the state and local health departments and by practicing physicians.

Handicapped Children

A comprehensive program has been developed in California for the child suffering from physical handicaps such as rheumatic fever, cerebral palsy, orthopedic defects, impaired sight and other crippling afflictions.

In 1944, diagnostic and treatment services for hearing defects became a part of the Crippled Children Services of the department.

A landmark in aid for handicapped children in California was the act of the 1945 State Legislature which made it mandatory for all county boards of supervisors to appropriate not less than one-tenth of one mill per dollar of assessed county valuation for services to these children.

In 1943 the Legislature requested studies by the State Departments of Health and Education of the problems of children with cerebral palsy. These studies resulted, in 1945, in appropriations for a program to coordinate medical and educational services under joint administration of the two state agencies. In the same year a new statute eliminated court procedure for authorizing state aid to crippled children and substituted certification by local health or welfare departments.

Another new program grew out of a study of rheumatic fever conducted by the State Health Department at request of the Legislature. In 1949, $500,000 was appropriated to launch services for the diagnosis and treatment of children suffering from this disease. Organized rheumatic fever programs now exist in 14 counties, while individual cases have been referred for help from most other counties.

Until the present fiscal year the Crippled Children Services of the department were administered within the Bureau of Maternal and Child Health. This year the unit became a separate Bureau of Crippled Children Services.

In 1950-51 the Bureau of Crippled Children Services' long-sought goal of state-wide coverage was virtually attained, for all but one of the State's 58 counties are now conducting programs for physically handicapped children which meet minimum standards. There has been a steady increase in the number of children served, and their total in 1949-50, last year for which figures are complete, exceeded 25,000. This was a gain of 5,000 over the previous year.

Communicable Disease Control

During World War II the influx of new civilian and military population, the return of armed forces personnel from Pacific war fronts, the growth of new population centers, and the overload on sanitation facilities of most communities all posed a threat to control of communicable disease in California. Diseases of particular significance in this situation were tuberculosis, malaria, typhoid fever and venereal diseases.

In 1945 the Legislature raised the state subsidy for care of the tuberculous in county institutions from $3 a week to $1 a day. This financial aid was augmented in 1947 and again in 1949, and now ranges from $1.65 to $2.60 per patient per day on a graduated scale, with smaller counties receiving the larger subsidies. Where $714,968 was spent for this purpose in 1940, $4,673,920 was spent in 1950-51. Between 1940 and 1950 the State's bed capacity for tuberculosis care was supplemented by approximately 3,000 beds, 700 of them in county institutions.

California's death rate from tuberculosis has been cut by more than half during the decade, and in 1950 it fell below the national rate for the first time in state history—from 56 to 22 deaths per 100,000 population between 1940 and 1950.

During the past two years, mass chest X-ray surveys have been conducted in several California communities.

They have reached more than four million persons over 15 years old and have uncovered about 4,400 cases of definitely active tuberculosis. There is growing belief that this ancient disease can be virtually eliminated in California in another decade if our present intensive programs of casefinding and hospitalization are continued unremittingly.

California has become one of the Nation's leaders in the control of venereal disease. This State is one of 14 which have rates for infectious syphilis of less than 10 cases per 100,000 population.

The 1940 case rate for total syphilis was 316.9 per 100,000 population. It had fallen to 98.0 by the end of 1950. Infectious primary and secondary syphilis declined from 59.9 cases per 100,000 in 1940 to 8.9 in 1950. Among industrial states, which traditionally have the most venereal disease, this rate of 8.9 is currently the lowest.

Gonorrhea has declined from a rate of 283.4 in 1940 to 176.5 in 1950. This decrease has been especially sharp since 1946. The trends of both major venereal diseases are considered a true decline in the number of existing cases in the general population because California's control program has been well stabilized. Progress in control is particularly notable because it has been made during a decade in which state population increased by nearly 4,000,000. Special precautions have been taken to minimize the potential threat to control produced by the war in Korea.

Among the other communicable diseases subject to restraint by public health measures, and whose control is always important to the public health, are smallpox, malaria and typhoid fever. Since 1940 the incidence of smallpox and malaria has been reduced virtually to the vanishing point in California. Typhoid fever incidence has been cut by almost two-thirds in the same period. Main credit must be given, in the same order, to programs of immunization, vector control, and sanitation.

Chronic Disease Control

As public health and medical science have succeeded in cutting the toll of many acute communicable diseases, these have been replaced as most frequent causes of death or disability by heart disease, cancer, diabetes and other chronic ailments.

In recognition of this new turn in medical history a Chronic Disease Bureau was established in the department in 1945. Program developments in this field have included the allocation of federal funds to establish local demonstration programs in the control of cancer and heart disease; establishment of a State Tumor Registry; initiation of research projects in public health methods for the control of chronic diseases; and expansion of health education with respect to these diseases.

An important method of detecting chronic disease early, when treatment is most likely to succeed, is that of screening. Several simple tests now available will indicate the possible presence of diabetes, tuberculosis, syphilis, anemia, certain forms of cancer and heart disease, and defects of hearing and vision. While these tests are not diagnostic, they will "screen out" persons who need further diagnostic study. Combined in a multiphasic screening program—a battery of tests applied at one time—and with adequate follow-up—they are an economical means of chronic disease case-finding.

The first community multiphasic survey in the United States was undertaken in San Jose in 1948 with assistance of the Bureau of Chronic Diseases. Several demonstration projects of this type have been conducted since that time. Largest and most recent is the survey of San Francisco Bay area longshoremen begun toward the close of the current fiscal year.

Another recent event of significance was the adoption by the California Conference of Local Health Officers of a statement outlining chronic disease control programs which can be undertaken by local health departments. These measures include public and professional education, mass screening for certain diseases, and provision of public health nursing, nutrition and statistical services.

A morbidity research project was begun during 1950-51 to study methods of measuring the volume and distribution of illnesses in the general population. For many ailments, and particularly the chronic diseases, there exist no adequate statistics on incidence, prevalence, or disability.

Occupational Health

Between 1940 and 1950 California's labor population approximately doubled, from 2,000,000 to 4,000,000 working men and women. War started this expansion, but the majority of new workers and industries settled in the State when peace came.

The Bureau of Adult Health found that a wartime economy aggravated a great many problems of occupational disease and other hazards to health. Materials shortages forced many manufacturers to substitute toxic chemicals and processes for safer ones formerly in use. Medical and nursing personnel were in shortest supply, while thousands of workers were scantily trained for the potentially dangerous jobs they had to handle.

Since the war, potentially dangerous new materials have been introduced in industry and agriculture. Radioactive substances are perhaps the most significant of these, in industry, and powerful insecticides and pesticides in agriculture. To solve the problems they present, the Bureau of Adult Health has performed

original research, analyzed practical field problems, worked out methods of controlling on-the-job hazards, and carried on an intensive program of education for management and labor.

In the past year new technological developments have come under study as quickly as they were found to present possible threats to the health of California workers. Among these are the high frequency, high intensity sound problem met by those working with jet engines; handling of radioactive substances; and the use of such dangerous agricultural chemicals as parathion. In tune with current interest in the chronic diseases, the Bureau of Adult Health has also embarked on studies of occupational cancer and of heart disease in industry.

The services of the Bureau of Adult Health are oriented toward the development of local programs. In 1949, industrial health programs were established by the health departments of Santa Clara County, San Diego City and County, and Oakland City. Pioneer programs of this type were inaugurated early in the decade by the health departments of Los Angeles City, Los Angeles County, and San Mateo County.

(The second part of this article will describe progress in the fields of public health nursing, laboratory services, control of the environment, hospital services, records and statistics, dental health, mental health and health education.)

New Health and Safety Code Off Press

The new edition of the *Health and Safety Code* is now available from the State Printing Division, 11th and O Streets, Sacramento 14, at a cost of $3 per copy in paper binding, or $4.50 in keratol binding, plus sales tax. This edition of the code, dated 1951, includes all amendments to the *Health and Safety Code* which were enacted at the 1951 Regular Session of the State Legislature.

No copies of the code are available for distribution from the State Department of Public Health, but should be ordered directly from the State Printing Division.

Napa Nursing Vacancies

The Napa County Department of Public Health has vacancies for three public health nurses. The positions are open to nurses meeting the state requirements for a public health certificate. The Napa department, organized three years ago, carries on a generalized nursing program, including school nursing. Salary for staff public health nurse is $3,900 per year. Job requires car, with a mileage rate of 8 cents per mile.

Salmonella Food Poisoning Outbreak Reported in Los Angeles

An outbreak of *Salmonella* infection among 43 persons out of the 49 who attended a buffet luncheon has been reported to the State Department of Public Health by the Los Angeles City Health Department. There were no deaths, but two victims required hospitalization and several were confined to bed for as long as five days. Illness developed from three hours up to two days following the luncheon.

Epidemiologic evidence pointed to cold sliced turkey, although *Salmonella newport* was also recovered from sliced tongue and potato salad as well as the turkey. Health department investigators found that the 25-pound turkey had been roasted only five hours and had stood at room temperature for six hours before storage in a refrigerator. The turkey had been sliced first and the tongue and the celery for the salad had been cut afterward on the same board. The same catering service employee who prepared the food also prepared the same foods for several other parties with no ill effects.

The epidemiologic evidence supported the supposition that the turkey had been naturally infected with the *Salmonella newport* organisms, the cooking period had been insufficient to destroy them, the long period at room temperature had allowed the organisms to multiply, and the tongue and celery had been contaminated by contact with the cutting board on which the turkey had been sliced.

Border Public Health Meeting

The 1952 meeting of the United States-Mexico Border Public Health Association will be held in Monterrey, Nuevo Leon, Mexico, on March 18th, 19th and 20th. Monterrey, which is only 140 miles south of the border, is easily reached from all border areas by rail, plane or automobile.

Dr. Wilton L. Halverson, California State Director of Public Health, now serves as president. Dr. Salvador Molina Velez, State Health Officer of Nuevo Leon, president-elect of the association, is chairman of the Monterrey committee, and has planned an interesting schedule of sidetrips.

Many Californians in public health and related work are members of the Border Association.

The scientific program will include a symposium on poliomyelitis, and another on sanitary engineering and industrial hygiene. Reservations may be made through Dr. J. C. Ellington, secretary, 314 U. S. Court House, El Paso, Texas.

SAN FRANCISCO, OAKLAND HAVE NEW HEALTH DIRECTORS

Resignation of Dr. Stanford F. Farnsworth as Oakland City Health Officer in December (effective February 1st) has been followed by two major shifts in top California public health administrative posts. Last month Dr. J. C. Geiger, Director of Public Health for the City and County of San Francisco for more than 20 years, resigned to accept the Oakland position. The San Francisco post was filled, in turn, by the appointment on January 25th of Dr. Ellis D. Sox, who leaves his position as Chief of the Division of Local Health Services, State Department of Public Health, to take up the new assignment on February 26th. Dr. Farnsworth resigned after eight years as Oakland's City Health Officer to accept an appointment with the World Health Organization in South America.

J. C. GEIGER, M.D.
Oakland

ELLIS D. SOX, M.D.
San Francisco

Dr. Geiger was appointed director of public health for San Francisco on January 1, 1932. In his long and colorful public health career he has won both national and international distinction. A native of Louisiana, he received his medical degree from Tulane University in 1912. From 1913 to 1916 he was on the staff of the California State Department of Public Health, serving as assistant director and later acting director of the State Hygiene Laboratory and acting director of the Bureau of Communicable Diseases. He has served in teaching capacities with the University of California Department of Hygiene, the University of Chicago, the University of California Medical School, the College of Physicians and Surgeons, San Francisco, and the University of Southern California.

From 1919 to 1922 Dr. Geiger was a research fellow in medicine, Hooper Foundation. In 1934 he served as U. S. delegate to the Ninth Congress of the Far Eastern Association of Tropical Medicine, in Nanking, China.

Dr. Geiger has been granted honorary degrees by Tulane University, Louisiana State University, Santa Clara University, Hahnemann Medical College, Philadelphia, and the Panama National Academy. Among the foreign countries which have granted him citations and decorations are Italy, Germany, France, Chile, China, Mexico, Portugal, Norway, Sweden, Belgium, Canada, Greece, and Spain.

Dr. Sox began his public health career in 1937 as medical officer with the California State Department of Public Health. He received his medical degree from the University of Oregon in 1935, followed by internship and an assignment as house officer in San Francisco Hospital, which he left in March of 1937 to join the State Health Department staff. He left the State Health Department for a year's postgraduate study and received his certificate in public health from the University of California in 1938. From 1938 to 1941 Dr. Sox served as health officer of Tulare County, rejoining the state staff as assistant chief of the then Bureau of Local Health Services. In August, 1941, he became chief of the bureau, which in 1943 was advanced to division status. Dr. Sox served as Acting Director of Public Health for the State for a short time in 1943 between the terms of Dr. Bertram Brown and Dr. Wilton L. Halverson.

As Chief of the Division of Local Health Services, Dr. Sox has played an important part in the development of a strong public health program through local health departments in California. This advance has been particularly rapid since 1947, when the Public Health Assistance Act was adopted by the State Legislature. He has herved as the principal liaison officer between the State Health Department and local departments.

Institute on Industrial Health In Berkeley

The control of occupational diseases, which affect 20,000 working men and women in California every year and cause an average of 100 fatalities annually, was the subject of an institute held February 4th through 8th in Berkeley by the Bureau of Adult Health.

The institute brought together 65 sanitarians, safety engineers and other personnel concerned with employee health programs in Northern California industries and public agencies. The week-long training course was conducted by staff of the Bureau of Adult Health. It consisted of lectures on general principles of industrial hygiene, supplemented by laboratory demonstrations of modern methods used to protect the health of workers in industry and agriculture.

Laboratory exercises, conducted in the Adult Health Laboratory at 2002 Acton Street, Berkeley, served to demonstrate the analysis of air for dangerous dust and fumes, the detection of gases, determination of organic solvents, and other scientific techniques for discovering and controlling on-the-job health hazards.

Lectures were given at 2180 Milvia Street, Berkeley. They covered such subjects as workmen's compensation, legal aspects of industrial hygiene, current control programs, and the types of occupational health hazards found in California industries.

A similar institute is expected to be held later in Southern California. Expenses of participants are paid in part from training funds of the State Department of Public Health.

U. C. School of Medicine Announces Courses

The University of California School of Medicine has announced through the University Extension two courses to be given in March, 1952, for graduates of approved medical schools.

Course for General Practitioners will be given March 10th through 14th at Herbst Auditorium, Mount Zion Hospital, 1600 Divisadero Street, San Francisco. The faculty members are visiting staff of Mount Zion Hospital and Kalmen A. Klinghoffer, M.D., is chairman of the course.

The general topics for each day's study are: Monday—*Gastroduodenal Hemorrhage;* Tuesday—*Thyroid Disease;* Wednesday—*Gynecological Endocrinology;* Thursday—*Psychiatry in General Practice* and *Dermatological Symposium;* Friday—*Office Management of Ear, Nose and Throat Problems.*

Psychosomatic Medicine will be given March 17 through 21, 1952, at the Langley Porter Clinic, University of California Medical Center, Parnassus and Third Avenues, San Francisco. Members of the University of California Medical School will present the course and Karl M. Bowman, Professor of Psychiatry, is chairman.

For additional information about these courses address Stacy R. Mettier, M.D., Head of Postgraduate Instruction, Medical Extension, U. C. Medical Center, San Francisco 22.

National Social Hygiene Day

National Social Hygiene Day, usually observed the first Wednesday of February, will not be observed this year until the fourth Wednesday of April (April 23d), according to an announcement of the National Social Hygiene Association, sponsors of the special health day.

Eminent U. C. Professor Dies

Dr. Ernest Linwood Walker, retired University of California Professor of Tropical Medicine died January 19th at his home in Atherton at the age of 81. Dr. Walker was the first to separate the amoeba which causes amoebic dysentery from the four other amoebae with which it had been confused. He did research in leprosy including 14 months of investigation at the Molokai leper colony in Hawaii in 1928, which led him to advocate lessening of the rigid isolation of leprosy victims.

After graduation from Harvard Dr. Walker began his career as a bacteriologist for the Massachusetts State Board of Health. He taught tropcial medicine at the University of the Philippines before joining the faculty of the University of California in 1914. In 1921 he became full professor of tropical medicine and conducted research in bacteriology, parasitology, and chemotherapy at the university's Hooper Foundation. He retired and became professor emeritus in 1940.

Unvented Gas Heaters

The Motor Hotel Association of California has called the attention of all motel operators to the danger of unvented gas heaters, through its official *Bulletin* of January 17th.

This is a reminder, along with recent reports of typical winter deaths from asphyxiation and carbon monoxide poisoning, which all local health departments may wish to pass along to the people they serve. In the past five years California has averaged 78 deaths of this kind annually, and most of them occurred in the home.

Accidental deaths from carbon monoxide poisoning, and occasionally from asphyxiation, are most often traced to gas stoves used to heat bedrooms, unvented gas fires in any room, water heaters installed in closets or bathrooms, loose pipes and flues, and substandard or inexpertly adjusted heating appliances.

As of January, 1950, it was estimated that the Nation had only 11.6 percent of the facilities needed for the care of the chronically ill.—Publication No. 87, *Research Council for Economic Security.*

Visitors From Abroad

Numerous distinguished foreign visitors have come to the California State Department of Public Health in recent months. These visits are planned through the Exchange of Persons program of the Department of State and through the training programs of the Public Health Service, the Children's Bureau, the Bureau of the Census, the Rockefeller Foundation and other agencies. The visitors have observed and discussed with staff members those activities of the department in which they were most interested and in many cases arrangements have been made for them to observe local health departments, educational institutions, hospitals, and other institutions and activities throughout the State.

During the last four months of 1951 the following visitors were listed with their particular fields of interest:

From Canada

Dr. Wride, Assistant Director, Canadian Ministry of Health. (*Public health programs.*)

From Chile

Mr. Reinaldo Rumbit and Mr. Jose Gonzalez, Sanitary Engineers from the Chilean Department of Health. (*Water filtration and softening plants.*)

From Colombia

Dr. Jorge Boshell, Dean, School of Public Health, Bogotá. (*Public health training.*)

From Denmark

Mr. Orla Jensen, Director of Social Welfare, Aarhus, Denmark. (*Vocational rehabilitation.*)

From Germany

Dr. Karlheinz Hahn, Health Officer of Darmstadt.

Dr. Siegfried Wagner, Health Officer of Freising. (*These visitors spent about two months in California studying particularly public health administration in local areas.*)

Mr. Fritz Forg, Chemical Engineer, Chief of Laboratory of Milk Supply, Munich, Bavaria. (*Milk production, bottling and distribution.*)

Dr. Karl J. Solth, Assistant Professor of Biostatistics and Research, Associate of the Gynecological Clinic, University of Marburg. (*Biostatistics.*)

From Great Britain

Dr. J. Greenwood Wilson, School Medical Officer and Medical Officer of Health, City and Port of Cardiff, Wales. (*Public health administration. Speaker at American Public Health Association meeting.*)

Dr. Colin Fraser Brockington, Professor of Social Medicine, University of Manchester, England. (*State Health Department program.*)

From Indonesia

Dr. H. T. Soeparmo, Health Officer. (*Mosquito control.*)

From Japan

Mr. Kozo Nakamura, Chief, Pharmaceutical Affairs Section, Ministry of Welfare. (*Legal phases of the pharmaceutical field.*)

Mr. Masayoshi Yamamoto, Chief of National Health Insurance Section, Ministry of Welfare. (*Voluntary health insurance.*)

Mr. Reisaku Tsunada, Assistant Chief, Tabulating Section, Statistics and Investigation Division, Ministry of Welfare. (*Collection, recording, and tabulation of vital records.*)

Dr. Tada Miyasaka, Chief, Health Education Unit, Ministry of Welfare. (*Health education.*)

Dr. Ryunosuke Nakahara, Communicable Disease Prevention Section, Public Sanitation Bureau, Ministry of Welfare. (*Venereal disease services.*)

Dr. Takao Matsui, Chief, Veterinarian, Ministry of Welfare. (*Veterinary programs in public health.*)

Mr. Riiti Kawakami, Director, Department of Health Statistics, Ministry of Welfare. (*Vital statistics.*)

From Norway

Dr. Th. M. Vogelsang, Director, Department of Bacteriology, Universtiy of Bergen. (*Public health laboratory program.*)

From the Philippines

Mrs. Luisa A. Alverez, Supervisor of School Nursing and Health Education, Ministry of Health. (*Public health training and administration.*)

From Ryukus

Drs. Ota, Matsuci, Miyakuni, and Yoshino; Practicing Physicians. (*Cancer, tropical medicine, and tuberculosis.*)

Dr. Hiroshi Azama, Surgeon from Okinawa. (*Obstetrics and gynecology.*)

Dr. Riho Hazama, Gynecologist from Yaeyama. (*Preventive medical services in the field of women's diseases.*)

Public Health Nursing Study

The U. S. Public Health Service will conduct a study to determine the amount and kind of nursing service required to meet minimum public health nursing needs in local health departments. The study will seek to find the answers to such questions as:

1. The amount of additional nursing service required in the rapidly expanding defense areas.
2. How the available nursing supply can be "stretched" to meet growing needs.
3. The use of practical nurses or other aides in public health programs.

The study will be headed by Marion Ferguson, Ph.D., in the Division of Public Health Nursing.—Social Legislation Information Service, January 21, 1952.

The Seventh National Conference on Rural Health, held under the auspices of the American Medical Association, through its Council on Rural Health, and in cooperation with the national form organizations, will take place in Denver, Colorado, February 29th and March 1st.

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